



APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE

State Form 44614 (R5 / 4-01)

Approved by State Board of Accounts, 2001

Health Professions Bureau
402 W. Washington St., Rm. 041
Indianapolis, IN 46204

* Your Social Security number is being requested by this state agency in accordance with I. C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID	
RECEIPT NUMBER	
LICENSE NUMBER	
LICENSE ISSUE DATE	

APPLICANT

One (1) passport-quality photograph taken not earlier than eight (8) weeks prior to the date of application, dated and signed across the back in the applicant's "I certify that this is a true photograph of myself."

DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

APPLICANT INFORMATION			
Name of applicant (<i>last, first, middle, maiden</i>)			* Social Security number
Address (<i>number and street or Rural Route number</i>)			
City		State	ZIP code
Date of birth (<i>month, day, year</i>)		Place of birth (<i>city and state or country</i>)	
Telephone number		E-mail address	

BASIS OF LICENSURE (Please check one)	
<input type="checkbox"/> ENDORSEMENT OF EXAMINATION SCORES	Based upon passing the North American Veterinary Licensing Examination (NAVLE)
<input type="checkbox"/> ENDORSEMENT OF EXAMINATION SCORES	Based upon passing the National Board Examination (NBE) and Clinical Competency Test (CCT)
<input type="checkbox"/> ENDORSEMENT (Has not taken and passed NBE, CCT or NAVLE)	For the five (5) years immediately preceding filing an application has been a practicing veterinarian licensed in a state, territory, or district of the United States having license requirements which are substantially equivalent.

VETERINARY DEGREE GRANTED BY		
Name of school	Location of school	Date of graduation (<i>month, day, year</i>)

EXAMINATION RECORD			
EXAMINATION TAKEN	DATE OF MOST RECENT EXAMINATION (month, day, year)	WHERE TAKEN	HOW MANY TIMES HAVE YOU SAT FOR THIS EXAMINATION?
National Board Examination (NBE)			
Clinical Competency Test (CCT)			
North American Veterinary Licensing Examination (NAVLE)			
State Constructed Examination			
Have you sat for the NBE, CCT or the NAVLE Examination in Indiana prior to this application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a graduate of a foreign college of veterinary medicine have you completed and been granted certification by the Educational Commission for Foreign Veterinary Graduates (ECFVG)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PRE-PROFESSIONAL EDUCATION IN VETERINARY MEDICINE

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED	DEGREE GRANTED

STATES LICENSED

TYPE OF LICENSE	STATE	NUMBER	DATE ISSUED	EXPIRATION DATE	STATUS

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM VETERINARY SCHOOL

GENERAL LOCATION	DATES

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM VETERINARY SCHOOL

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATES OF EMPLOYMENT

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

- Have you ever previously filed an application in the State of Indiana? ☐ Yes ☐ No
- Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? ☐ Yes ☐ No
- Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state (*including Indiana*) or country? ☐ Yes ☐ No
- Are you now being, or have you ever been treated for a drug abuse or alcohol problem? ☐ Yes ☐ No
- Have you ever been convicted of, pled guilty or *nolo contendere* to:
 - A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? ☐ Yes ☐ No
 - Any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☐ No
- Have you ever had a malpractice judgement against you or settled any malpractice action? ☐ Yes ☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for a license to practice veterinary medicine.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant

Date (*month, day, year*)

VERIFICATION OF VETERINARY LICENSURE

INSTRUCTIONS: *Type or print the top portion of the verification and send a copy to each state where you hold or have held a license. Request each state to complete and send directly to:*

Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
(317) 232-2960

Name (last, first, middle, maiden)		Social Security number *	
Address (number and street, Rural Route)			
City		State	ZIP code
Date of birth (month, day, year)	Telephone number (daytime)		E-mail address
I hereby authorize the State of _____ to furnish the Health Professions Bureau of Indiana with the information below.			
Signature		Date	

TO BE COMPLETED BY THE STATE BOARD

License number	Date of issuance	Expiration date
License issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other _____		
Type of examination: <input type="checkbox"/> National Board Examination (NBE) <input type="checkbox"/> Clinical Competency Test (CCT) <input type="checkbox"/> North American Veterinary Licensing Examination (NAVLE) <input type="checkbox"/> State Constructed Examination (<i>Attach subjects, scores and average</i>)		Date of examination(s)
Has the license been subject to any disciplinary action? (Please attach certified copies of any disciplinary action taken by your board.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

FORM COMPLETED BY:

Name	PLEASE AFFIX BOARD SEAL
Title	
State Board	
Date (month, day, year)	